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THE PERSONAL AND THE IMPERSONAL NURSE

BY ELIZABETH INGA HANSON

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It is said that in the old days "when the Master taught John Latin," as long as the Master knew and taught Latin, nobody cared very much whether he knew or taught John. Nowadays our teachers are instructed to teach John as well as the subject under discussion, not minimizing in the least, however, the value of thorough preparation.

In the field of nursing all will agree that it is well to have as thorough an understanding as possible of anatomy, physiology, bacteriology, dietetics, etc., together with the practical work, where one performs the personal work for the patient which renders him more comfortable, but are we not apt, in our zeal "to carry out orders," "get the beds made," and "the work on the wards done," to forget all about John? In a general hospital, where we have all sorts and conditions of men, women and children; black, brown, red and white races; educated and ignorant, and all stages between, we have an opportunity to study human nature on a broader scale than those whose study is confined to a small private hospital.

There are traits that are common to all sick people. Every sick person appreciates sympathy. It does not cost anything, neither does it take any extra time, to tell a patient that you are sorry he has so much pain, while you are performing some duty.

One of my instructors, while I was a probationer, said, "I wish every one of the class could be sick a while on the wards, for her own sake, she would then see some things differently." I did not understand the full import of this remark until I was sick on a ward myself, and I do not think any nurse can appreciate fully how it feels to lie awake and count the hours until morning or to lie and wait for a drink, as one hears the forgetful nurse chattering outside the door, until she herself has been the patient.

I have been interested so often in observing a new patient come to an open surgical ward. The guide from the front office conducts the patient (who may be walking, or perhaps in a wheel chair) to the ward, and placing the patient upon a couch reports to the nurse in charge of the ward. She takes his temperature, pulse and respiration, observes his condition, and if comfortable may leave him for awhile to attend to more urgent duties. To return to the patient. He has a natural curiosity concerning his surroundings which, when satisfied, reverts to his nearest neighbor, who may, perchance, be sitting on the

other end of the couch. Before long the newcomer, whom we will call patient number 2, says to his neighbor, whom we will call patient number 1, "What have you got?" "Had my appendix out, what ails you?" "I have a hernia." "Oh," says patient number 1, pointing across the ward, "that fellow over there in the bed next the door has been cured of hernia and can tell you all about it. It is not so very bad." Whereupon they both go over to patient number 3, who is glad to tell the questioning, eager man how nicely he has progressed since his operation. This is a common daily experience.

Similar incidents occur in a female surgical ward. For instance, the new patient is a frail and timid little woman and looks as if she were afraid of her own shadow. Tears are lurking in the corners of her eyes, only waiting for an opportunity to overflow. She sees a patient being taken out on a stretcher truck, and upon questioning learns that the patient is being taken down to the amphitheatre for operation. This only adds more fears to those she already possesses. Soon she is taken to the bathroom for her admission bath and shampoo, which all patients have, unless their condition contraindicates it. The nurse, trying in a kindly way to ascertain the cause of her distress, learns that she has not slept for three nights, ever since her physician at home had told her that she must come to the hospital for an operation. To her, coming to the hospital was a real terror and she had most distorted ideas regarding what she must endure. She was much comforted, however, when she heard that her bed would be next to someone who had had a similar operation, and by the time she was ready to go to the ward her tears had all vanished and hopeful lines had replaced worried wrinkles. Race, social differences, color and age are all overlooked in the camaraderie which exists where the bond of suffering unites all in one large family.

I have said that all sick people appreciate sympathy. There is another trait common amongst sick people. They are all bound with chains. So, in fact, is every life, one is chained to riches, another to poverty, one to conventionalities, another to society. There are chains of fear and habit, creeds and religion and of professional etiquette. But let us stop generalizing and consider some of the chains that in every truth bind our patients.

Given a Hebrew patient, he is literally bound and fettered by his religious beliefs. He will not eat this or that food because its ingredients or perhaps its preparation are not according to the Mosaic Law.

Some patients are so bound by home ties that their main thought is home and not in getting well. For instance, a patient came to the accident room one night and was operated on at once for appendicitis.

She was taken to the ward in good condition and progressed satisfactorily in every way as indicated by the appearance of her wound and her charts, yet the night nurse always found her awake whenever she made her rounds. It was the third day after operation. She said she had no pain, but could not sleep. Finally she told the nurse that she had three small children at home in one of the suburbs of Boston, the youngest, one and one-half years of age. The night she came she was too sick to realize where she was going, and no one had told her who would care for the children in her absence. The husband was out on a drunken spree and had not been home for two days previous to her coming to the hospital. The neighbors, finding her sick in bed, had arranged for her coming. "How can I sleep," she asked, "not knowing where the children are?" The case was referred to the Social Service Department, which corroborated the woman's story next day and brought her word as to the provision the kind-hearted neighbors had made in caring for her children.

Dr. Thorndike, an eminent psychologist, says that "a mind's past experiences and present content determine its responses." Just as education, at the start, must build on instincts and native capacities, so at each future step it must build on previous experience and pay heed to present conditions. It is this present contentment, which lies uppermost in the mind, that draws patients together.

Every person or thing that is brought into our line of vision is valued in our minds according to our own individual standards. Sympathy and affection go out to those who most resemble ourselves. We naturally follow the line of least resistance. Did you ever feel that you ought to sympathize with a person? Compare this with the spontaneous outpouring of sympathy to other people. Sympathy is not always what a patient needs most. Therefore the nurse must find out what the present content of the mind is. If a patient's mind is obsessed with fear, you cannot help him very much or make him very happy until you remove his fear.

It seems to me that it is especially the province of the nurse to do this personal sympathetic work. In the hospital, the doctor sees the patient twice or more, daily, for a few minutes at a time. He seldom, has time to question into much more than his or her disease, but always appreciates knowing anything outside the disease itself that may retard recovery.

What is it that we as nurses lack most? I have asked myself many times during my course in training. First, it seems to me comes courtesy. To be treated and to treat others, courteously, is our right, first as women, then as nurses. In the rush of routine hos-

pital life we are likely often to be unpardonably discourteous. Someone has said, "Always be easy and free; never be free and easy." I have found there are times when it is not easy to be courteous to the chronic nerve case, the crochety old man, the fanciful old lady or the fractious child, but if we expect to be treated courteously, we must ourselves be courteous, and it is well to bear in mind that we are exercising an influence, unconscious mostly, for good or evil, on everyone we come in contact with and every patient is bound by some chains that make him unlike himself, were he well.

Again we need patience, but what is patience? Webster's dictionary defines patience as, "constancy in labor or application; forbearance; endurance or self control." But I think patience as applied to nurses is better defined in Crabb's English Synonyms, viz., "Patience lies in the manner and temper of suffering and endurance in the act. It is a virtue springing from principle and therefore applicable to conscious agents only. We may have endurance and not patience, we may have much to endure and consequently have endurance; but if we do not endure it with an easy mind, and without the disturbance of our looks and words, we have not patience. On the other hand, we may have patience without endurance, for our patience may be exercised by momentary trifles, which are not sufficiently great or lasting to constitute endurance." The power or ability to endure with an easy mind and without the disturbance of our looks and words! What a virtue to aspire to attain unto!

I have found that a nurse needs all the strength of body, mind and character, plus all the virtues one can think of, with a lot of good plain common sense thrown in. If such a person were to be found, someone would find one other thing lacking. Golden ideals! Yes, but well worth working unto. Meanwhile,

Do the duty nearest, though its dull at whiles,
Helping when you meet them, lame dogs over stiles.

You like your work? Are you enthusiastic about it? What is enthusiasm? It comes from the Greek (en-thers) which means "God in." And is not all real enthusiasm God speaking and acting in and through us? For instance, the enthusiasm of the children's nurse! or of the patriot nurse that calls her to help in time of war! or of the school nurse or the district nurse whose lives are bound up in those they are trying to help. Florence Nightingale says "The foundation of all must be the love of God" and throughout her whole life her aim seemed first to glorify God.

In nursing, perhaps more than in other work, the personal indi-

vidual touch is needed. No one was ever helped "en masse," but when someone stops to reach out a hand to a helpless sister and show her the road to health, have we not done something worth while?

Sometimes it seems as if one could not imagine an "impersonal nurse." Yet what would you call a nurse who, seeing you care for an Italian who could not speak English, said, "Well I am glad I don't have her to care for, I just hate all those old dagoes and kids, anyway." There are others who do not say it, but avoid doing more than is absolutely necessary. Of course, it goes without saying this is contrary to the teachings of our training schools, and I am glad to say that I have met few such.

Mrs. Harriet Beecher Stowe told once of asking a prominent gentleman for funds in aiding a worthy person. He replied that he had lost interest in that kind of giving and what he gave, he gave through organizations. "But you have no interest at all in your fellow beings," Mrs. Stowe replied. And is it not so? The greatest of all teachers and healers came to earth amongst us and "raised the dead" and "cleansed those that were sick of divers diseases" and "made the blind see" but how? By the personal word or command.

It is the personal touch, the personal kindness, the individual thoughtfulness that really count, and keeping in mind and before us always the highest ideals of the Greatest Teacher, the indifferent careless nurse is left behind.

ALCOHOL AND THE NERVOUS SYSTEM

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PART I

In the scope of nervous and mental diseases, alcohol plays an important etiological rôle. Before describing the abnormal phenomena, produced by this agent, it is necessary to obtain a clear and comprehensive idea of the nature and action of alcohol upon the nervous system and to discuss the psychology of the alcoholic habit.

The nature and action of alcohol. Alcohol is an artificial by-product and is not found in nature. Ethyl alcohol (C_2H_5OH) is obtained by fermenting a sugar solution with yeast or by distillation of fermenting grain or starches. Pure alcohol may be obtained in the following forms: absolute alcohol is 99 per cent; alcohol (U. S. P.) is 94.9 per cent; diluted alcohol 48.9 per cent.